

State File No. _____

FILED DEC 22 1950

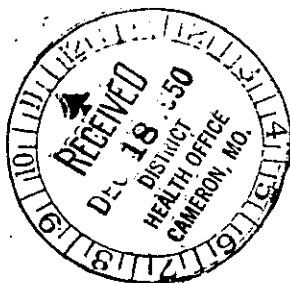
REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 178

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>		c. LENGTH OF STAY (In this place) <u>59 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>		<u>038</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry Nelson</u> b. (Middle) <u>Simpson</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>12.2.1950</u>			
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Oct.1.1876</u>	
9. AGE (In years last birthday) <u>74.</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u>		11. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Merchant.</u>		11. BIRTHPLACE (State or foreign country) <u>Chariton Iowa /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>William H. Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Keller</u>		14. NAME OF HUSBAND OR WIFE <u>Anna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>484-07-1173A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis E. Simpson. St. Joseph Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Regurgitation</u> ANTECEDENT CAUSES DUE TO (b) <u>Spinal Arthritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>19 50 12.2.1950</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 19 50</u> to <u>12.2.1950</u> , that I last saw the deceased alive on <u>12.2.1950</u> , and that death occurred at <u>7:45 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. B. Blacklock M.D.</u>				23b. ADDRESS <u>King City Mo.</u>		23c. DATE SIGNED <u>12.4.50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12.4.1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City.</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 11-1960</u>		REGISTRAR'S SIGNATURE <u>Edith Childs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Tappert</u>		ADDRESS <u>King City</u>	

(Licensed Embalmer's Statement on Reverse Side)

Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



15616

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed R. G. Taggart

Signed _____
Student Embalmer

Licensed Embalmer No. 2563.

P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

11-11-50